



# *What works? What fails?*

FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

## HEALTH BY THE BOATLOAD

The shortage of Community Health Officers (CHO) is one of the most serious obstacles in developing the Community-based Health Services and Planning (CHPS) Initiative. Even if all available Community Health Nurses (CHN) were trained and equipped to provide community services, only a third of Ghana would be covered. Sene District in Brong Ahafo District has developed innovative solutions to this problem.

Listed as one of the poorest districts in Ghana as far as health infrastructure is concerned, Sene District has a heavy disease burden. From outpatient records of the District Health Centre, the top ten causes of ill health are all preventable infectious diseases, accounting for 97 percent of all outpatient cases. The malnutrition rate in the district is 18% and the major diseases are malaria, Acute Respiratory Infection and diarrhoeal diseases.

The settlement pattern in the district is highly dispersed, owing to successive generations of migration of new households seeking farmland. Health services are inaccessible to most residents. Roads linking communities to each other and communities to health facilities are poor, resulting in inequitable distribution of health services. Traditional health planning did not promote community participation in the identification, planning and implementation of solutions to health problems. There was limited interaction between community residents and the few health workers in the district. Therefore the DHMT assumed that the successful introduction of the CHPS strategy would go a long way to solve this problem.

Twenty-three communities live on water making accessibility possible only by boat. The 'boat people' are constantly on the move in search of new fish breeding grounds and health personnel also have to keep moving in search of the boat people. Unfortunately the district has no boat to facilitate movement for outreach care. The district has often had to rely on the benevolence of other districts nearby such as Krachi district—which has some of its communities on water—to perform outreach. The district has therefore devised a camping strategy as an outreach method. During camping, all health personnel move to one part of the district and spend between four days to one week providing health services, then they move camp to another part of the district until the entire district is covered. This innovative CHPS approach demonstrates a core principle of the initiative: CHPS works when strategies are adapted to local realities and needs.

With regard to the *zurugelu* approach to health service delivery, the Sene District Health Administration, the District Assembly and the community are collaborating very well, especially with regard to the construction of Community Health Compounds (CHC) as dwelling places for nurses to facilitate doorstep health care provision. The District Director of Health Services (DDHS) has committed part of his quarterly budgetary allocation to CHC construction. Wood is acquired from timber felled in the community. Navrongo has already established the fact that farm work gets in the way of CHC construction, and this activity should be taken up seriously during the dry season. The CHC springing up in Sene are estimated to cost about ₵30 million apiece, just under US\$5,000.

CHC construction can always wait till the appropriate time but health cannot wait. To get things going, an opinion leader in Kyeamekrom, Mr. Kofi Nimwie offered part of his son's residence as temporary living quarters for the CHO while her permanent residence is under construction. The temporary accommodation has two gates so it has been agreed that each occupant is to use one gate. The District Public Health Nurse, Ms. Winnie Tiennah, says this arrangement is absolutely necessary since patients, especially family planning clients, require a respectable amount of privacy when consulting. Sene district grapples with limited and ill-motivated health personnel. There are 32 health workers in the whole district with one sub-district not having a health worker at all. The district needs a minimum of 20 community health nurses but so far only five are available.

In spite of these limitations and trying circumstances, the *What works?* team was surprised to learn that Sene district has consistently won the best District Health Administration Award in the Brong-Ahafo region. It won the maiden

award in 1996, then again in 1997 and in 1998. Since 1998 no award has been given but Dr. Raphael Dakurah Sagoe is optimistic that he is certain that the district will always emerge on top.

These successes have not been etched on a silver platter, however; the health seeking behaviour of the people continues to be lax:

*“CHPS is good for the people [of Sene district] because they are apathetic about seeking medical attention—they seem to be more particular about their fishing and farm work than about their health. This is the more reason why we have to take the services to their doorstep or as it were, their ‘boatstep’!”* says Dr. Sagoe.

How does this DHMT achieve success, despite all odds?

1. **Ownership.** Prior to CHPS, there was no sense of community ownership. By developing community dialogue and contribution to the program, full partnership has been developed between the DHMT and communities served.
2. **District-level CHO recruitment and training.** The most viable and sustainable approach to solving Sene’s health problems is to train local-level, community-selected nurses and build new CHC where nurses can reside and work. The District Assembly and World Vision are committed to sponsoring persons to train as community health nurses and come back to serve in the community. The regional health administration has been prevailed upon to admit students from Sene district to train as nurses after which they would be bonded for at least three years to remain in the community to provide services. As part of overall strategies, the regional health administration seeks to ensure that all nurses that go on study leave from the district come back after upgraded training. But the main problem is the severe shortage of CHO. The DDHS says the situation is so serious and he is so desperate for a quick solution that he is prepared to send students to train in the Day Community Nurses Training School being established in Navrongo.
3. **Improved referral.** With CHPS fully operational, hard-to-reach communities receive basic health services, such as health education and immunization. Nursing services are designed to facilitate quick identification and early referral of serious conditions.



With two new CHC in the offing, Dr. Rapheal Dakurah Sagoe can look forward to improving upon his impressive records

Better coverage through mobile and resident CHO services, increased numbers of CHO, and improved referral care are expected to eventually reduce infant and child morbidity and mortality and lessen the overall disease burden of the district.

*Send questions or comments to: What works? What fails?*

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